

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>COURAGEOUS CONSERVATIVES PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00587022	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 22 / 2015</div>	

Full Name of Payee <b>Mountaintop Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 21 / 2015</div>		
Mailing Address <b>P O Box 297</b>			Amount <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">12008.80</div>		
City <b>Rodanthe</b>	State <b>NC</b>	Zip Code <b>27968</b>	Transaction ID : <b>SE.4109</b>		
Purpose of Expenditure <b>Media Buy</b>		Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 21 / 2015</div>		
Name of Federal Candidate <b>Ted Cruz</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">12008.80</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">12008.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; text-align: center; border: 1px solid black; padding: 2px;">12008.80</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James C Thomas III

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2015

Signature